Please type a plus sign (+) inside this box — +

PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.	HRT-279	_
First Inventor	Stephen W. Boyd et al.	_
Title	Devices and Methods for Port-Access Multivessel Coronary Artery Bypass Surgery	
Everess Mail I ahel No	GI 601443617US	` *

면 더 Gonly for new nonprovisional applications under 37 CFF	Express Mail Lab	el No.	EL691443617US		982 982	
1.53(b))			RESS TO:	Commissioner for Patents	9/8	
APPLICATION ELEMENTS		ADD		Box Patent Application	60	Ш
See MPEP Chapter 600 concerning utility patent a	pplication contents.	,		Washington, DC 20231	<u>, , , , , , , , , , , , , , , , , , , </u>	Ē
1. X Fee Transmittal Form (e.g., P	TO/SB/17)			r CD-R in duplicate, large tab	le or	ĺ
(submit an original and a duplicate for fe	e processing)	Con	nputer Progra	am (Appendix)		l
2. Applicant claims small entity			Languaga ang	dies Amine Acid Sequence	ļ	ĺ
3. Specification [Total Pages 64	]	8. 1	lucieotide and	d/or Amino Acid Sequence (if applicable, all necessary)		l
(Preferred arrangement set forth below) - Descriptive Title of the Inventio	n		Submission (	adable Form (CRF)		١
- Cross Reference to Related Ap	olications		Computer Net	Sequence Listing on:		ı
<ul> <li>Statement Regarding Fed spon</li> </ul>	sored R&D		i. CD-ROM	VI or CD-R (2 copies); or		١
- Reference to sequence listing,	a table, or a		ii. 🔲 paper			
computer program listing appe	ndix	c.[	Statement vei	rifying identity of above copies		l
- Background of the Invention			ACCOMPAN	NYING APPLICATION PARTS	3	Ì
<ul> <li>Brief Summary of the Invention</li> <li>Brief Description of the Drawing</li> </ul>	ns (if filed)	9.		t Papers (cover sheet & document(s))		۱
- Detailed Description	30 ( <i>n m</i> 04)	10	☐ 37 CFR 3.7	73(b) Statement  Power of Att	orney	l
- Claim(s)			(when there	e is an assignee)		l
- Abstract of the Disclosure		11.[	🗌 Ènglish Tra	nslation Document (if applicable)	)	١
		12.[	Information	Disclosure Statement		١
4. ⊠ Drawing(s) <i>(35 USC 113)</i> [To	tal Sheets36]		(IDS)/PTO-1	□ Copies of IDS		l
			itions ☐ Preliminary	Amendment		l
	tal Pages5]	14	☐ Prelifficary	eipt Postcard (MPEP 503)		1
a. ☐ Newly executed (original or b. ☒ Copy from a prior application	COPY)	1	(Should be s	specifically itemized)		Ì
for continuation/divisional with Bo	ox 18 completed)	15.	☐ Certified Co	opy of Priority Document(s)		Ì
i. DELETION OF INVENT	OR(S)	-	_(if foreign pr	riority is claimed)	400	ļ
Signed statement attach	ed deleting		Request ar	nd Certifications under 35 U.S.C. Applicant must attach form	. 122	ı
inventor(s) named in the	prior application,		(D)(Z)(B)(I) DTO/SR/3	5 or its equivalent.		1
see 37 CFR 1.63(d)(2) a	and 1.33(b).	17	☐ Other	o or no equivalent		1
6. Application Data Sheet. See	37 CFR 1.76		_			
#18 M If a CONTINUING APPLICATION.	check appropriate l	box and	supply the requ	uisite information below and in a		
timinani amandmant or in an A	nnlication Data Shei	et unde	13/ CFR 1./0.			
☐ Continuation ☑ Divisional ☐ Co	ntinuation-in-Pan	(CIP)	or prior applica	adon 140 09/407,024, med		
01/19/00.  Prior application information: Examil	ner D. Isabella	Grou	o Art Unit: 373	<b>8</b> .		
LESS CONTINUESTION OF DIVISIONAL	APPS only: The	entire	disclosure of the	ne prior application, from which a	an	
l	lov Eb. ic concide	rod a i	מצות את דחב תובר	insure of the accompanying		
Itimustian or divisional application (	and is hereny inco	rporau	an by releiend	e. The montpolation can only be	;	
relied upon when a portion has been i	9. CORRESPON	DENC	F ADDRESS	за арриодноп ране.		_
☐ Customer Number or Bar Code La		or $\Gamma$	Corresponder	nce Address below		
Name: Philip S. Johnson, E						
Address: Johnson & Johnson						
One Johnson & Joh	nson Plaza					
New Brunswick, NJ	08933-7003	JSA				_
	20. TELEPHO	NE C	ONTACT			
Please direct all telephone calls o	r telefaxes to E.	Richa	ırd Skula at:			
Telephone: (732) 524-2718	Fax: (732)	524-2	.808			_
21. SIGNATURE OF	APPLICANT, A	TTOR	NEY, OR AG	SENT REQUIRED		_
NAME E. Richard Ski	ıla 🧷			Reg. No. 31061		_
	XA	1				
SIGNATURE	1x ru	1a				-
DATE October 18, 20	001 🕓		<u> </u>			_

# Complete if Known Application Number Filing Date October 18, 2001 First Named Inventor S. Boyd et al. Group Art Unit 3738 Examiner Name D. Isabella Attorney Docket Number HRT-279

### **FEE CALCULATION**

**FEE TRANSMITTAL** 

### **CLAIMS AS FILED**

(1) ·	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	44 - 20 =	24	x 18.00	\$ 432.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$270.00	
			TOTAL FEES	\$1,142.00

# **METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/HRT279/ERS in the amount of \$1,142.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/HRT279/ERS. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or Printed Name	E. Richard Skula		Reg. No. 31,061
Signature	M Xhula	Date: 10/18/01	Deposit Account No. 10-0750
	rayly hereoff of		

17.7

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephen W. Boyd et al.

For : DEVICES AND METHODS FOR PORT-ACCESS MULTIVESSEL

CORONARY ARTERY BYPASS SURGERY

# Express Mail Certificate

"Express Mail" mailing number: EL691443617 US

Date of Deposit:

October 18, 2001

I hereby certify that this complete Divisional Application, including specification pages, claims, formal drawings, Preliminary Amendment, and a copy of the Declaration and Power of Attorney, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

Diane Hetzler
(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)